Crystal Cay Motel Rate \$ -(Please Print) Name WALEED M ALSHEHA Street 1600NOCE AND Credit Card No. City HOCCOWWOOD FL Zip Code 330/9 ____ Phone: (_ Credit Card Car License A 426 893 78 460 State F Check -☐ Travelers Check Make of Car Dodge ____No. of Persons-☐ Cash Notes: **NOTICE TO GUESTS** This property is privately owned and the Management reserves the right to refuse service to anyone and will not be responsible for Accidents or Injury to Guests or loss of Money, Jewelry or Valuables of any kind. **ADVANCE PAYMENT REQUESTED** Tax 11% \$_ Amount Paid \$ SIGNATURE .

A-426- 893-78-460-0 FLORISA Registration Card

1A-1A4674

M-MMA-00020833

Room No.



Receipt No.

Date	Receipt No.	То	Charge	Received By	New Balance
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465A-NN-280350-1A-1A4674